



Enter your transmittal number

W205451

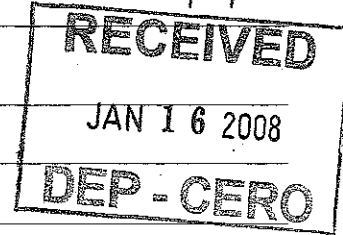
Transmittal Number

Your unique Transmittal Number can be accessed online: <http://mass.gov/dep/service/online/trasmfrm.shtml> or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

254126



1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application.
Copy 2 must accompany your fee payment.
Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

MassDEP
P.O. Box 4062
Boston, MA
02211

* Note:
For BWSC Permits,
enter the LSP.

A. Permit Information

BWP IW 38

Sewer Connection

1. Permit Code: 7 or 8 character code from permit instructions

2. Name of Permit Category

Permit Renewal

3. Type of Project or Activity

B. Applicant Information - Firm or Individual

Town of Shrewsbury.

1. Name of Firm - Or, if party needing this approval is an individual enter name below:

2. Last Name of Individual

3. First Name of Individual

4. MI

100 Maple Avenue

5. Street Address

Shrewsbury

MA

01545

508-841-8512

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

Nancy Allen, Health Director

11. Contact Person

12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Shrewsbury Residue Landfill

1. Name of Facility, Site Or Individual

620 Boston Turnpike

2. Street Address

Shrewsbury

MA

01545

(508) 845-9562

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

132546

8. DEP Facility Number (if Known)

9. Federal I.D. Number (if Known)

10. BWSC Tracking # (if Known)

D. Application Prepared by (if different from Section B)*

Wheelabrator Millbury Inc.

1. Name of Firm Or Individual

331 Southwest Cutoff Rd.

2. Address

Millbury

MA

01527

(508) 791-8900

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

Stephen Sabinich

8. Contact Person

9. LSP Number (BWSC Permits only)

E. Permit - Project Coordination

1. Is this project subject to MEPA review? ☐ yes ☒ no
If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Due

Special Provisions:

1. ☒ Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).
There are no fee exemptions for BWSC permits, regardless of applicant status.
2. ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
3. ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
4. ☐ Homeowner (according to 310 CMR 4.02).

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

Check Number

Dollar Amount

Date